

CONNECTICUT LEGAL RIGHTS PROJECT, INC.

P.O. BOX 351, SILVER STREET, MIDDLETOWN, CT 06457
TELEPHONE (860) 262-5030
FAX (860) 262-5035

Good Morning. My name is Karyl Lee Hall. I am a staff attorney at the Connecticut Legal Rights Project ("CLRP"). On behalf of our organization, I would like to make a few remarks concerning SB # 696.

First, in our work on behalf of young persons with psychiatric disabilities, I have seen many of the same problems as those that this bill seems to address. The services for children, particularly those in transition from the custody of the Department of Children and Families ("DCF") to the Department of Mental Health and Addiction Services ("DMHAS") is not adequate. As a result, at this very critical time of a young person's development, too many of our clients become disaffected. They leave a system that they do not believe cares about them or understands them. Because they are young, they are at risk. Many of them lose their way.

We believe that planning to aid transition from DCF to DMHAS should begin earlier. Under the present agreement between DMHAS and DCF, transition planning begins at 16. The effort to establish relationships and build trust between DMHAS personnel and young adults should begin earlier, even while they are under the care of DCF. The IDEA mandates educational services at age 15. It would be advantageous if transition planning for and engagement were started at the same time.

We believe that Transition Services are not intense enough. There are not enough options designed to fit differing circumstances. There are not enough residential placements. There is not enough staffing. And, especially, there is woefully little skill building to prepare young adults for life in the community. In our experience, transition planning for young adults is largely a failure. A critical lapse is both agencies' inability to build a trusting relationship with the young adult client. Too many of our children are not sufficiently engaged in their treatment by agency staff. These children fall out of the programs. Too many of them are now in jail.

Finally, we are very doubtful that giving DMHAS instead of DCF responsibility for the mental health services for young people at age 16 will necessarily have a good result. For one thing, DMHAS services, unlike DCF services, are not mandatory. Instead, the one sure gain for this group of vulnerable children would be to establish agency accountability for early and appropriate transition services as a statutory mandate. We believe that the mandate would be enhanced by the imposition of an oversight authority. As it is now, a Memorandum of Agreement ("MOA") governs the transition process but as an MOA, there is no legal accountability for compliance with its terms. In short, both agencies, DCF and DMHAS need to be accountable for services and planning for young adults. They must know what is required of them, when it must be accomplished, by whom and in what manner. They must know the price of failure.